

09/913516

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.              | DATE    |
|---------------------------|----------|---------------------|---------|
| FEE DETERMINATION         |          |                     |         |
| O.I.P.E. CLASSIFIER       |          |                     | 8-17-01 |
| FORMALITY REVIEW          |          |                     |         |
| RESPONSE FORMALITY REVIEW |          |                     |         |
|                           |          | BEST AVAILABLE COPY |         |

## INDEX OF CLAIMS

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| - (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1 ✓      |      |
| 2 ✓      |      |
| 3 ✓      |      |
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| 5 ✓      |      |
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| Claim    | Date |
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| Final    |      |
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| 100 ✓    |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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| 148 ✓    |      |
| 149 ✓    |      |
| 150 ✓    |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)